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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Joshua D. Rabinowitz, et al.   )   Examiner: M. Haghighatian

)

Serial No.: 10/766,566   )   Group Art Unit: 1616

)

Filing Date: January 27, 2004   )   Confirmation No.: 4040

)

For: DELIVERY OF ANTIDEPRESSANTS   )
THROUGH AN INHALATION ROUTE   )

)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

fee processed

SUPPLEMENTAL AMENDMENT

Sir:

AMENDMENT

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2

of this paper.

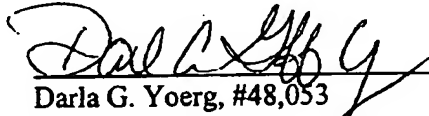Remarks begin on page 18 of this paper.

REMARKS

An Office action was mailed in the above-captioned application on May 25, 2005. A response to the office action, including claim amendments, was filed on September 23, 2005. The present amendments have been made to claims 1 and 127 to correct minor typographical errors.

The Examiner is encouraged to call and discuss this case with the undersigned should there be any questions regarding this amendment.

No fees are believed due with this amendment; however, the undersigned hereby authorizes the charge of any fees created by the filing of this document or any deficiency of fees submitted herewith to be charged to deposit account No. 19-5117.

Respectfully submitted,

Date: October 20, 2005

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number: 10766866

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	126 minus 20 =	106
INDEPENDENT CLAIMS	42 minus 3 =	39
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐	RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
	BASIC FEE	385.00	OR	BASIC FEE	770.00
	XS 9=	954	OR	XS18=	
	X43=	1677	OR	X86=	
	+145=		OR	+290=	
	TOTAL	3016	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total		Minus			XS 9=		OR	XS18=	
Independent		Minus			X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+145=		OR	+290=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

1 4 7 10 13 16 19 22 25 28 31
34 37 40 43 46 49 52 55 58 61 64
67 70 73 76 79 82   85 88 91 94 97 100 103

AMENDMENT B

106 109 112 115 118 121 124

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	102	Minus	126	—	XS 9=		OR	XS18=	
Independent	44	Minus	42	2	X43= 100	200,	OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+145=		OR	+290=	
					TOTAL ADDIT. FEE	200,	OR	TOTAL ADDIT. FEE	

9-26-05

AMENDMENT C

10-24-05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	102	Minus	126		XS 9=		OR	XS18=	
Independent	44	Minus	44	=	X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐					+145=		OR	+290=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.